



Attorney's Docket No: 1060A

COMBINED DECLARATION AND POWER OF ATTORNEY
(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL,
DIVISIONAL, CONTINUATION OR CIP)

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is of the following type: (check one applicable item below)

- original
 design
 supplemental

NOTE: If the declaration is for an International Application being filed as a divisional, continuation or continuation-in-part application do not check next item; check appropriate one of last three items.

- national stage of PCT

NOTE: If one of the following 3 items apply then complete and also attach ADDED PAGES FOR DIVISIONAL, CONTINUATION or CIP.

- divisional
 continuation
 continuation-in-part (CIP)

INVENTORSHIP IDENTIFICATION

WARNING: If the inventors are each not the inventors of all the claims an explanation of the facts, including the ownership of all the claims at the time the last claimed invention was made, should be submitted.

My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TITLE OF INVENTION

Massage Device

SPECIFICATION IDENTIFICATION

the specification of which: (complete (a), (b) or (c)

(a) _____ is attached hereto.

(b) X was filed on 08/04/2003 as X Serial No.
0 / 10/634,031 or _____ Express Mail No., as Serial
No. not yet known _____ and was amended
on _____ (if applicable).

Note: Amendments filed after the original papers are deposited with the PTO which contain new matter are not accorded a filing date by being referred to in the declaration. Accordingly, the amendments involved are those filed with the application papers or, in the case of a supplemental declaration, are those amendments claiming matter not encompassed in the original statement of invention or claims. see 37 CFR 1.67.

(c) _____ was described and claimed in PCT International Application No. _____ filed on _____ and as amended under PCT Article 19 on _____ (if any).

ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is known to me to be material to patentability and the examination of this application in accordance with Title 37, Code of Federal Regulations. 1.56(a).

X In compliance with this duty there is attached an information disclosure statement 37 CFR 1.97.

PRIORITY CLAIM

I hereby claim foreign priority benefits under Title 35, United States Code, Section 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

(complete (d) or (e))

- (d) no such applications have been filed.
(e) such applications have been filed as follows.

Note: When item (c) is entered above and the International Application which designated the U.S. claimed priority check item (e), enter the details below and make the priority claim.

**EARLIEST FOREIGN APPLICATION(S), IF ANY FILED WITHIN 12 MONTHS
(6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION**

COUNTRY	APPLICATION NO.	DATE OF FILING (DAY, MONTH, YEAR)	PRIORITY CLAIMED UNDER 35 USC 119

<input type="checkbox"/>	yes	<input type="checkbox"/>	no
<input type="checkbox"/>	yes	<input type="checkbox"/>	no
<input type="checkbox"/>	yes	<input type="checkbox"/>	no
<input type="checkbox"/>	yes	<input type="checkbox"/>	no
<input type="checkbox"/>	yes	<input type="checkbox"/>	no

**ALL FOREIGN APPLICATION(S), IF ANY FILED MORE THAN 12 MONTHS
(6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION**

- (f) This application claims the benefit under 35 USC 119(e) of any U.S. Provisional application listed below:

U.S. Provisional Application Serial No. 60/401,188
Filed August 5, 2002.

POWER OF ATTORNEY

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

(check the following item, if applicable)

____ Attached as part of this declaration and power of attorney is the authorization of the above-named attorney(s) to accept and follow instructions from my representative(s).

Send Correspondence To:

R. Keith Harrison
2139 E. Bert Kouns
Shreveport, LA. 71105

Dir ct Telephone Calls To:
(Name and Telephone Number)

318/797-7160

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

Full name of sole or first inventor Peter L. Cassidy Phillips
 Inventor's signature 
 Date 11/12/03 Country of Citizenship U.S.A.
 Residence 1136 Whitshire Way Alpharetta, GA. 30004
 Post Office Address 1136 Whitshire Way
Alpharetta, Georgia 30004

Full name of second joint inventor, if any _____
 Inventor's signature _____
 Date _____ Country of Citizenship _____
 Residence _____
 Post Office Address _____

CHECK PROPER BOX(ES) FOR ANY OF THE FOLLOWING ADDED PAGE(S) WHICH FORM A PART OF THIS DECLARATION

Signature for third and subsequent joint inventors. Number of pages added _____.

Signature by administrator(trix), executor(trix) or legal representative for deceased or incapacitated inventor. Number of pages added _____.

Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR 1.47. Number of pages added _____.

Added pages to combined declaration and power of attorney for divisional, continuation, or continuation-in-part (CIP) application. Number of pages added _____.

Authorization of attorney(s) to accept and follow instructions from representative.

If no further pages form a part of this Declaration then end this
Declaration with this page and check the following item:
X This declaration ends with this page